

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023220

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 468

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0109

2 0109

3

4 0

5 0

6

7 0

8 2

9 761.5

10

11

12 1-0

13 3-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Columbia</b>		c. CITY OR TOWN <b>Columbia</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Boone County Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1002 Faye</b>	
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Audley</b> Last <b>Pauley Jr.</b>		4. DATE OF DEATH Month <b>July</b> Day <b>3</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-3-63</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <b>John Audley Pauley</b>		11b. MOTHER'S MAIDEN NAME <b>Gloria Mae Hublitz</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Gloria M. Pauley</b>		Address <b>1002 Faye Columbia, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HYALINE MEMBRANE DISEASE</b> PRE TO (b) <b>PREMATURITY (PREMATURE SEPARATION PLACENTA, BREACH DELIVERY)</b> DUE TO (c) <b>DELIVERY</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 HRS</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Columbia</b>	
20g. COUNTY <b>Boone</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from <b>7/3/63</b> to <b>7/3/63</b> and last saw him alive on <b>7/3/63</b> Death occurred at <b>7:15</b> P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Edward J. Washington MD</b>		22b. ADDRESS <b>Columbia, Mo</b>	
22c. DATE SIGNED <b>7/3/63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>7-6-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Boone County Hosp.</b>	23d. LOCATION (City, town, or county) (State) <b>Columbia, Missouri</b>
24. FUNERAL DIRECTOR <b>Richard E. Johnson, M.D.</b>		25. DATE RECD. BY LOCAL REG. <b>July 8, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.